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transmitted to the USPTO (571) 273-2885, on the date indicated below. DELPHI TECHNOLOGIES, INC. JUL 0 1 2008 M/C 480-410-202 PO BOX 5052 TROY, MI 48007 (Depositor's name (Date FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 05/04/2006 Andrew Knight DP311281 8741 10/578,808 TITLE OF INVENTION: ACCUMULATOR FUEL SYSTEM PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE APPLN, TYPE SMALL ENTITY **ISSUE FEE DUE** \$300 \$1740 07/08/2008 NO \$1440 nonprovisional 07/03/2008 SDENBOB4 00000099 500831 10578808 **EXAMINER** ART UNIT **CLASS-SUBCLASS** 1440.60 DA 01 FC:1501 3747 123-508000 MOULIS, THOMAS N Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE ECHNOLOGIES, INC. TROY, MICHIGAN Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗹 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _______ (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature _____ Typed or printed name _ Registration No.

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